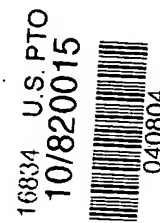




**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Kazuhiro ABE  
Title: LEG PROTECTION DEVICE  
Appl. No.: Unknown  
Filing Date: Herewith  
Examiner: Unknown  
Art Unit: Unknown



**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Kazuhiro ABE

Enclosed are:

- [ X ] Application Data Sheet (37 CFR 1.76) (2 pages).
- [ X ] Specification, Claim(s), and Abstract (13 pages).
- [ X ] Formal drawings (4 sheets, Figures 1(a), 1(b), 2-6).
- [ X ] Declaration and Power of Attorney (4 pages).
- [ X ] Assignment Recordation Cover Sheet (1 page).

- ☒ Assignment of the invention to TAKATA CORPORATION (2 pages).
- ☒ Claim for Convention Priority and 1 Priority Document.
- ☒ Information Disclosure Statement (3 pages).
- ☒ Form PTO/SB/08 listing 3 references, submitting only 2 references.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	14	- 20	= 0	x \$18.00 =	\$0.00
Claims:					
Independents	3	- 3	= 0	x \$86.00 =	\$0.00
:					
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
				SUBTOTAL: =	\$770.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):				=	\$0.00
				TOTAL FILING FEE: =	\$770.00
Assignment Recordation Fee:			+	\$40.00 =	\$40.00
TOTAL FEE				=	\$810.00

- ☒ A check in the amount of \$810.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: April 8, 2004

By Michael D. Kaminski

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